



Attention: Training Advisors, Important Information

In light of the exceptionally high volume of applications we are currently receiving, we kindly request your attention to the following steps:

- 1. Provide a list of the unit standards you require in the downloadable ASSESSOR SCOPE Excel spreadsheet. Please ensure to include this spreadsheet along with your application.
- 2. Verify that all unit standards listed for scope are still valid and have not expired.
- 3. Please only supply a training agreement as evidence of the unit standards required.

To ensure efficient processing within our time constraints, any application that does not adhere to the above guidelines will be returned to you for revision.

Thank you for your cooperation and understanding.



Application for extension to verifier scope

Please complete all sections. All extensions to verfier scope must be approved BEFORE any assessment can take place.
Authorised Competenz member*
Application date
Applicants personal details Required by NZQA
First name
Surname
NZQA number
Applicants contact details (if different from initial application)
Street address
Suburb
City
Postcode
Home phone
Mobile
Home email
Applicants employment details (if different from initial application)
Company name
Job title
Industry sector
Postal address
Street address
Suburb
City
Postcode
Work mobile
Work email



Please complete this page with your recommending Competenz member. Your Competenz
Te Pūkenga representative will be able to provide the Training Plans you will verifiy. List all unit standards below
or or if you need scope for an entire domain, please list all the unit standards on the downloadable VERIFIER SCOPE
FORM. Please ensure to include this spreadsheet along with your application.

Unit standards I wish to verify

Unit standard /domain	Title	Level	Do you hold the unit on your ROA?		Relevant experience
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

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Tick

Current Curriculum Vitae showing applicable experience and/or qualifications that are relevant to the units you are applying for in this extension.

Training Plans you are planning to assess.

Evidence of relevant qualifications (i.e. Certificates, NZQA, ROA)

Declaration

- 1. I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my assessor registration, and/or exchange information with any;
 - » Relevant Tertiary Education Organisation, or
 - » Industry Training Organisation, or
 - » Employer relevant to my assessment work experience.
- 2. I accept the Competenz terms and conditions above.

Signature		
Date		



For authorsied Competenz member* to complete. (This section must be completed)	Tick
I recommend the assessor scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to assess a candidate.	
Authorised Competenz member name	
Authorised Competenz member signature	
Date	

For Competenz Quality Assurance use only: evidence verified and assessor scope approved						
Unit standard/ domain	Title		Level			
QA approved	Yes No	0				
QA name						
QA signature						
Date						

^{*}Authorised Competenz members are: Account Managers, Competenz Training Advisors, Regional Managers, other Competenz Managers